

# California Nonresident or Part-Year Resident Income Tax Return 2000

FORM  
**540NR**

Fiscal year filers only: Enter month of year end: month \_\_\_\_\_ year 2001.

## Step 1

Place  
label  
here  
or print

Name  
and  
Address

Your first name		Initial	Last name		
If joint return, spouse's first name		Initial	Last name		
Present home address — number and street including PO Box or rural route				Apt. no.	PMB no.
City, town, or post office				State	ZIP Code

## Step 1a

SSN

Your social security number	Spouse's social security number
<div></div>	<div></div>

**IMPORTANT:**  
Your social security number  
is required.

## Step 2

### Filing Status

Fill in only one.

- 1 ☐ Single  
2 ☐ Married filing joint return (even if only one spouse had income)  
3 ☐ Married filing separate return. Enter spouse's social security number above and full name here \_\_\_\_\_  
4 ☐ Head of household (with qualifying person). STOP. See instructions.  
5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died \_\_\_\_\_.

## Step 3

### Exemptions

Attach check or  
money order here.

- 6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle ..... ● 6 ☐
- For line 7, line 8, line 9, and line 11: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.
- 7 **Personal:** If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, see instructions ..... 7 ☐ X \$75 = \$ \_\_\_\_\_
- 8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 ..... 8 ☐ X \$75 = \$ \_\_\_\_\_
- 9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 ..... ● 9 ☐ X \$75 = \$ \_\_\_\_\_
- 10 Add line 7 through line 9. This is your total exemption credit before the dependent exemption credit ..... 10 Total \$ \_\_\_\_\_
- 11 **Dependents:** Enter name and relationship. Do not include yourself or your spouse. \_\_\_\_\_

### Dependent Exemptions

\_\_\_\_\_ Total dependent exemption credit ..... 11 ☐ X \$235 = \$ \_\_\_\_\_

## Step 4

### Taxable Income

Attach copy of your  
Form(s) W-2, W-2G,  
1099-R, 592-B,  
594, 597, and other  
Forms 1099  
showing California  
tax withheld here.

- 12 Total California wages from all your Form(s) W-2, box 17 ..... ● 12 \_\_\_\_\_
- 13 Enter federal adjusted gross income from Form 1040, line 33; Form 1040A, line 19; Form 1040EZ, line 4; TeleFile Tax Record, line I; Form 1040NR, line 33; or Form 1040NR-EZ, line 10 ..... 13 \_\_\_\_\_
- 14 California adjustments — subtractions. Enter the amount from Schedule CA (540NR), line 33, column B ..... ● 14 \_\_\_\_\_  
**Caution:** If the amount on Schedule CA (540NR), line 33, column B is a negative number, see instructions.
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... 15 \_\_\_\_\_
- 16 California adjustments — additions. Enter the amount from Schedule CA (540NR), line 33, column C ..... ● 16 \_\_\_\_\_  
**Caution:** If the amount on Schedule CA (540NR), line 33, column C is a negative number, see instructions.
- 17 Adjusted gross income from all sources. Combine line 15 and line 16 ..... ● 17 \_\_\_\_\_
- 18 Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540NR), line 40; **OR** Your California **standard deduction**. See instructions ..... ● 18 \_\_\_\_\_
- 19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ..... 19 \_\_\_\_\_

## Step 5

### Tax

- 20 CA adjusted gross income from Schedule CA (540NR), line 33, column E ..... ● 20 \_\_\_\_\_
- 22 Tax on the amount shown on line 19. Fill in the circle if from:  
☐ Tax Table ☐ Tax Rate Schedules ☐ FTB 3800 or ☐ FTB 3803 ..... ● 22 \_\_\_\_\_  
**Caution:** If under age 14 and you have more than \$1,400 of investment income, read the line 22 instructions to see if you must attach form FTB 3800.
- 23 Exemption credits. If the amount on line 13 is more than \$124,246, see instructions. Otherwise, add line 10 and line 11 and enter the result on line 23 ..... 23 \_\_\_\_\_
- 24 Subtract line 23 from line 22. If less than zero, enter -0- ..... 24 \_\_\_\_\_
- 25a Ratio. Enter the ratio from Schedule CA (540NR), line 34 ..... 25a \_\_\_\_\_
- 25b Multiply line 24 by the ratio on line 25a ..... 25b \_\_\_\_\_
- 26 Tax. Fill in circle if from ☐ Schedule G-1, Tax on Lump-Sum Distributions; and ☐ form FTB 5870A, Tax on Accumulation Distribution of Trusts ..... ● 26 \_\_\_\_\_
- 27 Add line 25b and line 26. Continue to Side 2 ..... ● 27 \_\_\_\_\_

## Step 6

Your name: \_\_\_\_\_

Your SSN: \_\_\_\_\_

### Special Credits and Nonrefundable Renter's Credit

28	Amount from Side 1, line 27	28	_____
31	Credit for joint custody head of household. See instructions	31	_____
32	Credit for dependent parent. See instructions	32	_____
33	Credit for senior head of household. See instructions	33	_____
34	Credit for long-term care. See instructions	34	_____
36	Add line 31 through line 34. Multiply the total by the ratio on Side 1, line 25a	36	_____
37	Enter credit name _____ code no. _____ and amount	37	_____
38	Enter credit name _____ code no. _____ and amount	38	_____
39	To claim more than two credits, see instructions	39	_____
40	Nonrefundable renter's credit. See instructions for "Step 6"	40	_____
42	Add line 36 through line 40. These are your total credits	42	_____
43	Subtract line 42 from line 28. If less than zero, enter -0-	43	_____

## Step 7

### Other Taxes

44	Alternative minimum tax. Attach Schedule P (540NR)	44	_____
45	Other taxes and credit recapture. See instructions	45	_____
46	Add line 43 through line 45. This is your total tax	46	_____

## Step 8

### Payments

47	California income tax withheld. See instructions	47	_____
48	2000 CA estimated tax. See instructions	48	_____
50	Excess SDI. See instructions	50	_____
Child and Dependent Care Expenses Credit. See instructions for lines 51 through 54.			
51	_____ / _____ / _____	52	_____ / _____ / _____
53	_____	54	_____
55	Add line 47, line 48, line 50, and line 54. These are your total payments	55	_____

## Step 9

### Overpaid Tax or Tax Due

56	Overpaid tax. If line 55 is more than line 46, subtract line 46 from line 55	56	_____
57	Amount of line 56 you want applied to your 2001 estimated tax	57	_____
58	Overpaid tax available this year. Subtract line 57 from line 56	58	_____
59	Tax due. If line 55 is less than line 46, subtract line 55 from line 46	59	_____

## Step 10

### Contributions

60	CA Seniors Special Fund. See instructions	60	_____ 00
61	Alzheimer's Disease/Related Disorders Fund	61	_____ 00
62	CA Fund for Senior Citizens	62	_____ 00
63	Rare and Endangered Species Preservation Program	63	_____ 00
64	State Children's Trust Fund for the Prevention of Child Abuse	64	_____ 00
65	CA Breast Cancer Research Fund	65	_____ 00
66	CA Firefighters' Memorial Fund	66	_____ 00
67	CA Mexican American Veterans' Memorial	67	_____ 00
68	Emergency Food Assistance Program Fund	68	_____ 00
69	CA Peace Officer Memorial Foundation Fund	69	_____ 00
70	Birth Defects Research Fund	70	_____ 00
71	National World War II Veterans Memorial Trust Fund	71	_____ 00
72	CA Lung Disease and Asthma Research Fund	72	_____ 00
73	Add line 60 through line 72. These are your total contributions	73	_____

## Step 11

### Refund or Amount You Owe

74	REFUND OR NO AMOUNT DUE. Subtract line 73 from line 58. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0000	74	_____
75	AMOUNT YOU OWE. Add line 59 and line 73. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001	75	_____

## Step 12

### Interest and Penalties

76	Interest, late return penalties, and late payment penalties	76	_____
77	Underpayment of estimated tax. Fill in circle: <input type="radio"/> FTB 5805 attached <input type="radio"/> FTB 5805F attached	77	_____
78	Total amount due. See instructions	78	_____
79	If you do <b>not</b> need California income tax forms mailed to you next year, fill in the circle	79	<input type="radio"/>

## Step 13

### Direct Deposit Information

Do not attach a voided check or a deposit slip.	
Fill in the boxes to have your refund directly deposited. Routing number _____	
Account Type:	_____
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Account number _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

3

Your signature

Daytime phone number

## Sign Here

X	_____	( )
Spouse's signature (if filing joint, both must sign)		

Joint return?  
See instructions.

X	_____	Date	_____
Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)		Paid Preparer's SSN/PTIN	

It is unlawful to forge a spouse's signature.

Firm's name (or yours if self-employed)	Firm's address	FEIN
_____	_____	_____